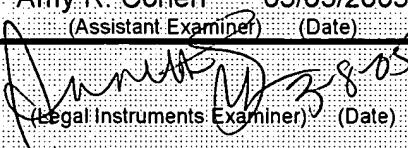
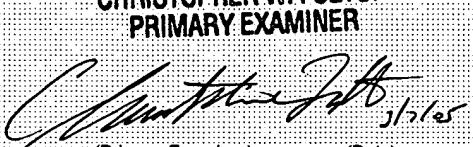


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| Issue Classification | Application/Control No. | Applicant(s)/Patent under Reexamination |
| | 10/660,042 | HORN, ARMIN |
| | Examiner | Art Unit |
| | Amy R. Cohen | 2859 |

ISSUE CLASSIFICATION

| ORIGINAL | | CROSS REFERENCE(S) | | | | |
|----------|----------|--------------------|-----------------------------------|-------|-----|--|
| CLASS | SUBCLASS | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | |
| 33 | 549 | 33 | 1N | 534 | | |
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| | | 72 | 31.1 | 389.5 | | |
| B | 2 | | | | | |
| | 1 | C | 51/00 | 382 | 152 | |
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| Amy R. Cohen 03/03/2005 <small>(Assistant Examiner) (Date)</small>  <small>Legal Instruments Examiner</small> 03/03/05 <small>(Date)</small> | CHRISTOPHER W. FULTON PRIMARY EXAMINER  <small>(Primary Examiner)</small> j/1/05 <small>(Date)</small> | Total Claims Allowed: 25 O.G. Print Claim(s) 1 O.G. Print Fig. 1.3 |
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| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
| Final | Original | Final | Original | Final | Original | Final | Original |
| 1 | | 31 | | 61 | | 91 | |
| 2 | | 32 | | 62 | | 92 | |
| 3 | | 33 | | 63 | | 93 | |
| 4 | | 34 | | 64 | | 94 | |
| 5 | | 35 | | 65 | | 95 | |
| 6 | | 36 | | 66 | | 96 | |
| 7 | | 37 | | 67 | | 97 | |
| 8 | | 38 | | 68 | | 98 | |
| 9 | | 39 | | 69 | | 99 | |
| 10 | | 40 | | 70 | | 100 | |
| 11 | | 41 | | 71 | | 101 | |
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| 13 | | 43 | | 73 | | 103 | |
| 14 | | 44 | | 74 | | 104 | |
| 15 | | 45 | | 75 | | 105 | |
| 16 | | 46 | | 76 | | 106 | |
| 17 | | 47 | | 77 | | 107 | |
| 18 | | 48 | | 78 | | 108 | |
| 19 | | 49 | | 79 | | 109 | |
| 20 | | 50 | | 80 | | 110 | |
| 21 | | 51 | | 81 | | 111 | |
| 22 | | 52 | | 82 | | 112 | |
| 23 | | 53 | | 83 | | 113 | |
| 24 | | 54 | | 84 | | 114 | |
| 25 | | 55 | | 85 | | 115 | |
| 26 | | 56 | | 86 | | 116 | |
| 27 | | 57 | | 87 | | 117 | |
| 28 | | 58 | | 88 | | 118 | |
| 29 | | 59 | | 89 | | 119 | |
| 30 | | 60 | | 90 | | 120 | |